

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					SERIAL NO. 09/529597	FILING DATE								
					APPLICANT(S)									
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	/						52							
3	/						53							
4	/						54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	8						TOTAL IND.							
TOTAL DEP.	0	←	←	←			TOTAL DEP.	←	←	←				
TOTAL CLAIMS	8						TOTAL CLAIMS							